

## **APPLICATION DATA SHEET**

## **Application Information**

Application number::

Filing Date::

**Application Type:** Regular

## **Subject Matter:: Utility**

**Suggested classification::**

### **Suggested Group Art Unit:**

CD-ROM or CD-R?:: **None**

Number of CD disks::

Number of copies of CDs:

## Sequence submission?..

## Computer Readable Form

### **Number of copies of CRE::**

## Title

**U.S. PATENT AND TRADEMARK OFFICE**  
**CONANOTROPIN-RELEASING HORMONE  
RECEPTOR ANTAGONISTS AND METHODS  
RELATING THERETO**

Attorney Docket Number:: 690068.551C1

Request for Early Publication?:: No

Request for Non-Publication?:: No

### Suggested Drawing Figure::

### Total Drawing Sheets::

**Small Entity?::** Yes

Petition included?.. No

**Petition Type::**

Licensed U.S. Gov't Agency NIH

**Contract or Grant No.**

**First Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: People's Republic of China  
Status:: Full Capacity  
Given Name:: Zhiqiang  
Middle Name::  
Family Name:: Guo  
Name Suffix::  
City of Residence:: San Diego  
State or Province of Residence:: CA  
Country of Residence:: US  
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City of mailing address:: San Diego  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 92130

**Second Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: People's Republic of China  
Status:: Full Capacity  
Given Name:: Dongpei  
Middle Name::  
Family Name:: Wu  
Name Suffix::  
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State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 92131

### Third Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: People's Republic of China  
Status:: Full Capacity  
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Middle Name::  
Family Name:: Chen  
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State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 92129

### Fourth Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Brazil  
Status:: Full Capacity  
Given Name:: Fabio  
Middle Name:: C  
Family Name:: Tucci

**Name Suffix::**

City of Residence:: San Diego  
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Country of Residence:: US  
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Country of mailing address:: US  
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**Fifth Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Collin  
Middle Name::  
Family Name:: Regan  
Name Suffix::  
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Country of Residence:: US  
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City of mailing address:: San Diego  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 92155

**Correspondence Information**Correspondence Customer Number :: **00500****Representative Information**

Representative Customer Number::		<b>00500</b>
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**Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	10/211,955	08/02/02
10/211,955	An application claiming the benefit under 35 USC 119(e)	60/310,018	08/02/01

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee name::	Neurocrine Biosciences, Inc.
Street of mailing address::	10555 Science Center Drive
City of mailing address::	San Diego
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	92121-1102